City of Somerville 2007 Census

IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

IMPORTANT: **FOR CURRENT RESIDENT - DO NOT FORWARD.** Please update this form deleting all information which is no longer valid and list all persons, including roommates, who live at this address. Date of Birth must be provided. For assistance, please call the Election Department at 617-625-6600 ext 4200.

WARD:	PRECINCT:						If this information is incorrect, make corrections below					
NOTE: WARNING:	Please si necessar	gn and i	etui ase	rn this form with Print.	l0 days, eve	If there is no party information next to your nam you are not registered to vote. () Check here if you would like voter registration forms to be mailed to you. How many forms? reverse side of this form. even if no changes are spond to this mailing shall result in removal						
	from the	active vot	Ť	list and may result		emoval from	the voter registrat	ion r	olls.		*	
Last	NAME First	Middle	Mail To*	Previous Address If at the above address for less than one year	Sex* M/F	Date of Birth mm/dd/yyyy	Occupation	Party*	Nationality If not U.S. Citizen	Moved Deceased	JS Veteran Y/N	#Dogs
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* = Option	al informati	on				Telej	phone Number*		[UNLIST	ГЕD
Signature of I Signed under the I	penalties of perj	ury as prescri		Date y M.GL. Ch. 56 §4 EDNESDAY 8:30 am t	o 4:3	0 pm., THURS	DAY 8:30 am to 7:30	pm,	and FRIDAY 8:30 a	ım to	12:30	pm.

We thank you for your prompt response, Nicholas P. Salerno, Election Commissioner

SPECIAL INSTRUCTIONS: Return IMMEDIATELY

COMPLIANCE with this State requirement provides proof of residence to protect your voting rights, veteran's bonus, housing for the elderly and related benefits, as well as providing information for the selection of jurors. This form DOES NOT register you as a voter.

GENERAL INSTRUCTIONS: Please Print

- 1. Verify and/or complete all information listed on the form.
- 2. List ALL persons whose legal address is the same, including roommates. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
- 3. Make all changes on the SHADED LINE below the printed line.
- 4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
- 5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
- 6. MOVED/DECEASED Enter "M" or "D" if appropriate.
- 7. MAIL TO Designates the person in your household to whom all mail should be addressed. If you wish to change, enter and "X" next to that individual's name.
- 8. OCCUPATION Please list your occupation, not your place of employment.
- 9. NATIONALITY Enter only if not U.S. Citizen.
- 10. U.S. Veteran Indicate Yes or No if United States Veteran.
- 11. To return this form, tri-fold and insert into return envelope provided and mail.

Thank you for your cooperation.